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TO: **Examiner Y. Pan**  
Group Art Unit 2682

FAX NO.: **571 273 8300**

FROM: **Michael T. Cruz**

USER ID: **8084**

CLIENT: **1772**

MATTER: **17405US04**

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/651,428			
		Filing Date	August 29, 2003			
		First Named Inventor	F. Xie			
		Art Unit	2682			
		Examiner Name	Y. Pan			
Total Number of Pages in This Submission	16	Attorney Docket Number	17405US04			
<b>ENCLOSURES (check all that apply)</b>						
<table border="0"> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Response (11 Pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD         </td> <td style="vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Return-Receipt Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below):         </td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (11 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Signature	<i>Michael T. Cruz</i>					
Printed Name	Michael T. Cruz					
Date	June 9, 2006					
<b>CERTIFICATE OF FAX TRANSMITTAL</b>						
I hereby certify that this correspondence is being sent via facsimile to Examiner Y. Pan at the United States Patent and Trademark Office, fax No. 571 273 8300, on June 9, 2006.						
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636			
Signature	<i>Michael T. Cruz</i>	Date	June 9, 2006			

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